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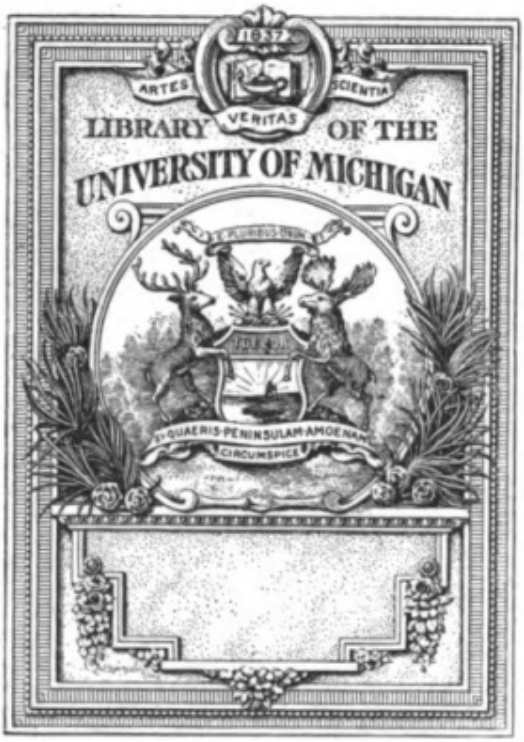

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THE

Alienist and Neurologist

A QUARTERLY JOURNAL

—OF—

SCIENTIFIC, CLINICAL AND FORENSIC

Psychiatry and Neurology.

Intended especially to subserve the wants of the General Practitioner of Medicine.

"Quantam ego quidem video motus morbosi fere omnes a motibus in systemate nervorum ita pendent, ut morbi fere omnes quodammodo Nervosi dici queant."—*Cullen's Nosology: Book II., p.* 181—*Edinburgh Ed.* 1780.

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DAVID S. BOOTH, M. D.,

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THE

Alienist and Neurologist.

VOL. XV. ST. LOUIS, JANUARY, 1894. NO. 1.

ORIGINAL CONTRIBUTIONS.

The Successful Management of Inebriety Without Secrecy in Therapeutics.*

By C. H. HUGHES, M. D., St. Louis.

DR. Benjamin Rush, in his "Diseases of the Mind," published in 1812, recommends "The establishment of a hospital in every city and town in the United States for the exclusive reception of hard drinkers" and says "they are as much objects of public humanity and charity as mad people; and religious, moral and physical remedies * * * should be employed * * * for the complete and radical cure of their disease."

Since the immortal Rush rested from his labors, vast progress has been made and vaster still is making in the management of the drink habit and in the treatment of the drink disease. Facts which but a few years ago advanced observers, like Morel, Magnan and the few neurologists of their time, first took note of, touching the hereditary transmission of neuropathic instability and dipsomaniacal tendencies through ancestral alcoholic excesses and *vice versa*, have not only passed into the possession of the profession generally as practical knowledge, but have become largely the mental possessions of the people.

* Read before the Section on Diseases of the Mind and Nervous System, Pan-American Medical Congress, at Washington, D. C., September 7th, 1893.

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The profession, the people, and even the unfortunate victim of the drink habit himself, have come to the understanding that habitual resistless inebriety is a disease and chiefly of the brain and nerves, and under this impression, resulting from medical research and teaching, the drunkard and the dipsomaniac now seek and the profession now give, medical relief to the sufferer, or the friends of the inebriate procure this relief for him.

The general professional consent and popular recognition of the fact that inebriety is a disease, are the results of the impressive and persistent efforts of the British and American Associations and other medical societies having in view the cure of inebriety.

In the general recognition of the fact of the disease basis and remedial possibilities respecting this baneful, morbid vice of man's nervous system, we are hopeful of such an inestimable physical and moral fruition as must ultimately result in marked national re-invigoration, and in the postponement, at least, of national degeneracy impending through this, as one of the causes of racial decline.

We know now how to successfully scaffold and prop and steady the tottering nervous structure of an inebriate neuropath, and sustain it in fairly normal function pending its effectual reconstruction, and we know how to permanently rebuild this damaged nervous system, through the advances neurology has made during the life of the present generation of physicians, though, alas, we cannot always remove the baneful neuropathic entailments of chronic alcoholism upon the immediately succeeding generations of the drunkard, while we may and do, do much to ameliorate, modify and ward off the baneful neurotic *sequelæ*.

The unchecked degeneration of whole families through generations of neuropathic descent, such as Morel and others have presented, as the frightful admonitions of scientific research against the fatal neural and psychoneural degeneracy of alcoholic excess, are not possible

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under the skillful management of modern medical art as now practiced, especially in the neurological department of medical work.

It may profit us at this juncture to recur again (as mentally we often do to similar personal observation) to one of Morel's typical tables illustrative of the course of alcoholic neuropathic degeneration unassisted by our art, and I take this table from our classical and observant *confrère* across the ocean, Dr. Henry Maudsley, because the interesting researches of Morel into the formation of degenerate or morbid varieties of the human race have served to furnish to the philosophical mind of this distinguished neurophysiologist, as it has to you and me, a philosophical view of the chain of events by which alcoholism as a cause of individual degeneracy continues its morbid action through generations and finally issues, when unchecked by the arts of our profession, in extinction of the family.

First generation.—Immorality, alcoholic excess, brutal degradation.

Second generation.—Hereditary drunkenness, maniacal attacks, general paralysis.

Third generation.—Sobriety, hypochondria, Lypemania, systematic mania, homicidal tendencies.

Fourth generation.—Feeble intelligence, stupidity, first attack of mania at sixteen, transition to complete idiocy and probable extinction of family.

How many painfully impressive pictures like this have we not seen in our several spheres of observation and practice, and how many impending family calamities like this are now avertable through the resources of medicine and philanthropy which our present advanced neurology offers the neuropathically unstable? It is a source of professional congratulation that the medical profession, and especially our department of professional endeavor, has brought relief to the inebriate, and mitigation, with the hope of ultimate extinction of its entailed neuropathic evils to the human family, if only we are permitted

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to treat this disease as its pathology demands, and an enlightened public sentiment promises this as the consummation of our professional labors and hopes in behalf of man's highest and best interests for the closing of the Nineteenth Century.

The profession and the public believe that inebriety is a disease. They now believe it can be successfully treated and that it ought to be treated, not only for the good of the inebriate, but for the welfare of his descendants. They have now the knowledge that precedes wise action.

Drunkenness is unpopular; inebriety is on the decline; dipsomania is dangerous to the drunkard's descendants, as well as detrimental to himself.

Medicine has given to the world the substantial basis of a new reformation. It has sounded the alarm: it offers the remedy, and, on this score, we think humanity is on the road to safety.

This is one of the jewels we place in the crown of Ninetee n Century progress. We give it freely to the cause we crown without copyright, letters patent or secret process.

With the diffusion of knowledge among the people and their advisers, the general profession, and especially the family doctor, that alcoholism and dipsomania are grave diseases, with graver physical and psychical *sequelæ*, hope has dawned for the drunkard, and the prospect of the final obliteration of inebriety and its terrible evils to the individual, the family and the State, brightens. Henceforth, the unfortunate victim of alcohol is to be cured and then reformed through the seeking of medical relief, and such as are not confirmed in baneful habits of intemperance will turn in time from the social tempter and avoid the neuropathic thraldom of this devil's chain of evil tyranny.

Many men who fall into the drink habit are unaware of the terrible neuropathic heritage of unsteady nervous organism bequeathed through bibulosity and other nerve-

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depressing influences operating on their ancestors. They know but little of the organic evils and entailments of alcohol. They know chiefly physical, moral and social discomforts and inconveniences of getting drunk, which are as nothing compared with the damage to their brains, nervous systems, blood-vessels and vital organs.

Not understanding the tyranny of their unstable nervous systems they censure themselves as fools for each repetition of a bout of drinking and resolve and re-resolve not to do it again, then go on and die the same, in the majority of instances, unless aided by medical art to overcome the otherwise resistless tyranny of a viciously endowed organism, which impels to the fate they dread without the power to draw away from it, yet thinking each time they drink it will be the last.

The trouble in the past about this blended vice and disease has been in the failure to seek, by suitable change of environment and proper medical treatment, that renovation and rebuilding of the damaged organism which makes resistance to alcoholic enslavement a possibility in the organism of the average habitual or periodic inebriate. That profession which has rescued mankind from so many portentous evils after other resources have failed, is ready to succor him now from the thraldom of damaged organism and psychical weakness and neuropathic instability.

We need not now go deeply into the pathology of chronic alcoholism, but cursorily glancing at the subject we have only to recall the findings of Virchow, Richardson, Horsley, Percy and Binz, of water decreased and fibrine changes in the blood, sometimes quite fluid, at others, coagulated, pure alcohol in the tissues, fatty globules in the circulation, fibrinous clots and excrescences in the vessels, vascular dilations, anæmia, deficient hæmoglobin, of old and excessive alcoholics.

Nor need we dwell upon other destructive and degenerative changes, which, like the annihilated phagocytes of alcoholized persons to which their well-known

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lack of resistance to general morbific influences is due, are secondary to the poison. We have to treat these conditions as *sequelæ*. This fact and the other prominent fact that alcohol abstracts fluid from the tissues of an organism whose very nerve cell is bathed in lymph, whose cerebro-spinal axis, as Obersteiner tells us, lies in a sea of lymph, an organism to which water is the *sine qua non* of life, give us the chart and compass of our course; and the polar star is the care and cure of the damaged brain, the brain and associate spinal and ganglionic system from whence originate the illusions, the hallucinations, delusions, anæsthesias, paræsthesias, hyperæsthesias and hyperalgæsias or the peculiar polyæsthesias of these cases. All of these sensory troubles, together with the well-known motor symptoms, the motor paresis, muscular tremor, twitchings and inco-ordination, the *paresis* of the cortical areas of the brain, where the volitions center and whence they proceed, impaired and vitiated, in the drunkard. To these and other symptoms which go to make up what Bevan Lewis designates as the motor anomalies of an alcoholic etiology and all the psychical symptomatology, which this writer and Huss and Magnan and Maudsley, Usher, Wilson and many others describe, give us adequate outline of the detail work necessary for the thorough and permanent cure of the inebriate. He will be largely made over and made whole. No three weeks' treatment will suffice. We may break him for the time of his habit in three weeks and yet leave him a wreck for life. Our duty is to repair him and make him anew if he will permit us to do it. We cannot ignore the protean nature of alcoholic symptomatology or forget the fact in our treatment of this disease that no poison except the virus of syphilis plays so extensive a *rôle* in the morbid affections and degenerations of the tissues, nervous or non-nervous, as alcohol.

When illustrated chapters in the pathological anatomy of alcoholism, especially like those in Bevan Lewis' recent text-book on "Mental Diseases," are so readily

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accessible, and when, besides, the cultured character of my distinguished auditors is considered, it is obviously unnecessary to dwell in detail on the pathology of alcoholism. I could not enlighten you—you could rather enlighten me on the subject.

The point of this paper is psychical assistance and neurotic support, and neurotic and organic reconstruction. We must first secure the man's safety from the thraldom of drink and repair the secondary damage later. We must first put out the fire and save what remains of the still standing structure, prop the weakened walls, and then rebuild and remove the damages. The foundation and framework of all reconstruction of the drink-damaged dipsomaniac is in the nervous system. If we can rescue that from immediate and ancestral damage, we can save the man, but we must not leave him, after our treatment, damaged and shattered in his brain or nerves or blood or vital organs. We must make him strong and resistive in the higher inhibitory volition and directing realms of the cerebral cortex and restore the normal functions within and presided over by the lower cerebro-spinal and ganglionic centers.

It is obvious that in attempting to effectually and permanently cure and reform the inebriate we undertake a large contract, one that cannot be fully complied with in the brief space of a few weeks. When we have broken the chain of morbid habit there yet devolves upon us the duty of after-care that the victim's health may not be permanently shattered, and that insanity and other evils may not follow.

The first essential to the cure of inebriety is the substitution of a less harmful support to the shattered brain, nerves and damaged vital organs, than alcohol, and I name them in their order of preference. The morphias or opium, strychnia, the quinias and cinchonias, valerianates, cocas, the ammonium bromide, etc., etc.

The second and concomitant essential is water—plenty of water or its equivalent, milk. The tissues must have

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water, the blood must have it, the emunctories and the skin must have it.

The third and concomitant essential is rest. Normal nature tired 'prescribes it for every bodily or mental overtax. Exhausted abnormal nature always needs it and demands it often. The machinery of the human organism in all its parts—psychical or physical—must be put at rest for the best repair.

The chief essential for rest is a new and proper environment, and subsidiary to this are the chemical restraints therapeutics may place on over-acting cells: chloral, sulphonal, the bromides, the vegetable narcotics, old and new, the valerianates, the opiates, cephalic galvanization, and soothing music and the bath.

The fourth essential is the removal of the *debris* of the last and previous drunks and of the interim of organic torpidity and depressed vitality. The scavenger cells, diminished in number or absent as they are *in toto* from the blood, and the emunctories have failed in their physiologically appointed work; the congested brain, liver, stomach, intestinal tract, mucous membranes generally, torpid liver, bowels and skin, are to be relieved and set at their proper work again.

Here, water, saline laxative water without stint, is the remedy *par excellence*. It flushes the intestinal tract and the excreting organs. Nature suggests it first of all after the rest she enforces after a prostrating spree.

I need not here dwell on the proper therapeutic blendings for this hydrotherapy to give more special direction to liver, kidneys, skin or bowels.

My preference is for an effervescent saline that clears out the alimentary tract and tranquillizes the brain and nerves at the same time (though mercurials are often not amiss), and then to properly start all the pumps of the system that may not be acting well and maintain them in moderate activity till there remains no pathological clogging of the wheels of physiological activity, but I do

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not approve of over-active catharsis. Moderation and not violence in this regard is my motto.

The fifth and concomitant essential is reconstruction of the undoubtedly damaged cerebro-spinal centers and the several affected organs of vegetative life. A drunkard is more or less damaged in many parts of his anatomy at the same time. He comes more nearly to being affected all over in spots than most patients we have to treat.

We begin reconstruction with the beginning of treatment. It begins with rest and sleep and food and change of surroundings, when Nature, without further aid, can effect it, rest, nutrition and phosphates, the hypophosphites and the reconstructive hæmatics and other rebuilders of the blood. Milk, beef-tea and capsicum and other stomachics. Early in the treatment a hair of the dog that bit him—a milk-punch or egg-nog, egg phosphates flavored with wine or whiskey, the latter soon withdrawn. In this stage the wines of coca, the beef, wine, iron and strychnine compounds, calisaya cordials, egg phosphates and stimulant tonics, are temporarily admissible.

When the patient is cured of his recent attack of delirium tremens, or recuperated from his last debauch then the hypodermic medication that is to hold him from further relapse, to re-tone his system and break him of his taste, must be instituted, if we have not begun it sooner.

The sixth and final essential, to which all our previous efforts lead us, is destruction of the drink craving, and this is done on physiological principles. The drink craving is pathological perversion of physiological cell action, and lies in the realm of the cerebral cortex. This part of our subject belongs to psychiatry and psychical suggestion, effected by a therapy directed to these morbidly acting centers of the brain, accomplishes our purpose. When the drink craving comes on, having in the meantime rebuilt the shattered brain and nervous system and restored the mental tone as much as possible, we do not

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absolutely inhibit the use of the accustomed drink, but train the drink victim's own inhibitions, first, by suggestion; second, by moderate indulgence properly treated.

We do not say, "You shall not, but you had better not drink. You know it is poison to you and you are its slave. You should resist. Your treatment has made you strong. You *can* resist. Whiskey no longer tastes as good to you. You no longer need it. You have the power now and should assert your manhood," and with these suggestions, perhaps the victim will try the liquor, we give him *spiritus frumenti* f℥ij, *cum vini antimonii*, f℥i, and repeat *ad libitum*, or we have previously given him apomorphia with aurum bichloride for psychical effect.

Under this or similar management of the appetite, the victim acquires a disgust for his favorite drink, he discovers his inhibition of the propensity is strengthened, and a disgust supplants the taste, which abides till he is fully restored in nerve tone and power to permanently resist and assert his manhood and maintain it against all future assaults of the foe.

As I cannot, in the brief time allowed, further detail my plan of treatment, this outline must suffice, with the promise in another communication of special prescriptions and combinations, embodying the plan of treatment here outlined, and which has proven successful in desperate cases.

After your patient is cured, after the toxic effects of alcohol have gone from the blood, and the higher and lower nerve centers and the damaged tissues of the body have regained their normal nutrition, powers of assimilation, and strength of physiological action and resistance; after confidence in his strength has returned to the patient, he must be warned to never again have confidence in his power of resistance with alcohol in his blood. Let him that thinketh he standeth then take heed lest he fall again. The cure of the drink habit is not always perpetual; it is not everlasting without the aid of the

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patient himself. Though to some the appetite never comes back, to others it is not safe to trust it with temptation. So that the safe plan, since no inebriate fully knows the full extent of his own inherent organic instability, is to "touch not, taste not, handle not," ever after. His treatment leaves him strong enough to say "No," and "Get thee behind me, Satan," to his tempter. It does not always leave him so strong that he can take the tempter to his bosom. He cannot always try a tussle with the tempter and not be thrown.

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Treatment of Nervous Diseases in Sanitariums.*

By James K. King, M. D., Ph. D., Watkins, N. Y.,

Glen Springs Sanitarium.

THE purpose of this paper is not so much to advance new principles as to make clear and emphasize those already known, but not usually within the reach of the general or private practitioner. It is an established fact that chronic nervous diseases are the most difficult class to manage in private practice. I except in this statement of course, mental diseases for which suitable institutions are now successfully established. If I am able to throw any new light on this complex subject, the object of this paper will be fully realized. It may be well at the very beginning of this discussion to say that in order to make clear some of the methods and combinations of treatment, as well as to explain some of the cases referred to hereafter, it will be necessary to make some personal references. Twenty years ago, I began the study of nervous diseases under one of the most distinguished superintendents of the Northampton Asylum. The first ten years of my study and practice was chiefly given to brain and nervous diseases. A large majority of the cases that came under my care were women. In so many cases the real causes of the mental and nervous disturbances were found to be reflex, that I was led to search deeply for the original as well as the exciting conditions, and to try many experiments for the relief of symptoms varying in their severity, all the way from mania and profound melancholia and malnutrition to insomnia, headache and hysterical excitement. In

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the grosser uterine, bladder and liver, pathological changes, the connections are easy to trace, but when the deviation from the normal condition is slight, it requires a close study to detect the relaxation of reflex symptoms. From these studies and experiments, these failures and successes, I gradually evolved the idea that it would be wise to combine two dependent specialties: neurology and gynecology. I could get no light on the question of this quality of specialties, so I made an experimental trip to Europe. Convinced of its real and practical value I gave up my work at the end of ten years, and went abroad for two years of study, devoting my time to the development of the union of these two specialties, and since my return I have carried them along together with much satisfaction. I am free to admit, however, gentlemen, that I believe this system can be carried out much easier in a medical institution than outside in private practice.

Specialties cannot be too highly esteemed and zealously encouraged. Specialties have elevated the practice of medicine from the routine and drudgery of empiricism up into the character and dignity of a science. While all this and much more is true, yet there is need for caution. Humanity is like the pendulum of a great clock; we swing to one extreme or the other, never stopping in the middle ground. I have often thought of this while watching and thinking of Galileo's Great Bronze Lamp as it swings to and fro in the majestic duoma at Pisa. It was and has been and will be so in all professions. It has been so in medicine. When the literature and lines of investigation became too extensive for the individual mind and time to master, then, born of necessity, specialties blossomed into life. There is now danger of going to the other extreme. There is danger that specialties will become too special. In the last three decades specialties have been like trees grafted into the old stock, and had their root and vitality in the training of general practitioners, who become specialists

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afterwards. In other words, they were grafted in the top. The danger is now that men want to be specialists without any general training or experience. There are men who rather pride themselves on not knowing anything outside of their specialty.

Would it seem immodest or presuming for me, before proceeding further to speak of the appliances, methods and treatment of nervous diseases, to make a suggestion?

I will venture. I would suggest that we have swung too far; that specialists are too much divorced, and should be brought into more intimate and vital relations with each other. I would advise that specialists become partners or have adjacent offices, or where practical combine certain special lines of work, that they may examine cases and study symptoms and watch closely results and methods of treatment together. I would have the neurologist and gynecologist, the abdominal and general surgeon, the obstetrician and pediatrist, etc., side by side.

I am satisfied from the experience born of a busy practice, covering a period of eighteen years in the treatment of nervous diseases and diseases of women, that men will be far more successful in proportion as they work together along these lines. A carefully prepared record of four thousand cases bears witness to the truthfulness of this statement. A long list of cases come up to illustrate these facts. Cases that had gone to the best nerve specialists, and had the most thorough and scientific treatment for their nerve troubles, and had not improved. Why? Because most of the difficulties were reflex. These same cases had gone to the oculist, and by him had been sent to the gynecologist. At his skillful hands they had been thoroughly treated for the troubles which he found, were they inter or intra-mural, para or peri-uterine, ovarian or tubal. But still the patients did not improve. Why? The treatment stirred up the already overwrought brain and hyperæsthetic

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nervous system, and the headaches, insomnia, irritability and other symptoms grew worse. Finally these patients become discouraged and go home. What is the trouble? Were not all these men skillful? No one will question that fact; there are none better. Where then is the defect?

I venture to assert from clinical experience that if these same men could have been combined in one, or could have treated these patients' nerves, eyes and pelvic troubles conjointly, and each watched the effects of the other's treatment from day to day, instead of having them by installments, every one of them would have gone home well. I will only cite one case, as time is limited:

Mrs. B. J., age 42, mother of four children, youngest ten years. Marked neurasthenia with melancholia, insomnia, gastric irritation and severe headaches. Uterine hyperæmia and prolapsus. She had been skillfully treated by the best neurologists and gynecologists abroad and at home, and had been through the hands of the best oculists. She had been treated separately by some of our best men in New York for two years continuously, and all the symptoms had increased. The melancholia had deepened until it had assumed a suicidal type. At this stage she came under my care. It was an almost hopeless case, for she had tried nearly everything in the way of remedies and rest, and had had a good deal of sanitarium treatment. I undertook the case without much prospect of success. At first I shared the responsibility with a lady physician, but finally took entire charge. After some weeks of a carefully modified course of systematic treatment, during which I followed closely all the details, she improved to a certain point, and seemed to hold only what she had gained. Then came the queston of repairing a very slight laceration which every one had thought of little or no consequence. I had noticed, however, that pressure on the cicatrix produced some of the nervous symptoms. I determined to try the experiment. I repaired the laceration, and although it was impossible to keep her quiet or even in bed, the result was good. Everything seemed to aid in her improvement, and she entirely recovered.

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In this paper I will endeavor to state clearly the reasons why we believe that nervous diseases can be more successfully treated in sanitariums than in private practice.

1st. We all recognize without demonstration that one of the most valuable remedial measures in the management of nervous troubles is change of location, even though the surrounding conditions be not materially improved, and the value of this change is increased in proportion to the merits of the environment.

In the city of Philadelphia, Dr. Wm. B. Atkinson has found that convalescent patients receive great benefit in being moved from one part of the city to another. This is often practicable when their means and circumstances do not permit of a more decided change. I have made it a practice for years, when patients were recovering from a severe illness, to change them as soon as it was safe to another part of the house with conditions as different as possible; also when a patient has been very ill in a room to change the location and surroundings. I have always found benefit follow these changes. There are always in our widely diversified climate resorts where we can send our patients and secure satisfactory climatic conditions, but very often many of the elements necessary to success are wanting.

2nd. In these days of improvement and progress in every line, there is no department of science and knowledge, pertaining to health and happiness, that has made more solid advances than that which we might call medical hygiene. Able bodies of distinguished men are devoting their best energies to the advancement of the foundation principles upon which the preservation, as well as the restoration of health, nay even of life itself, rests, and their combined labors are being richly rewarded. When our surgeon-general, backed by our Federal government, establishes a post-graduate school largely to advance the study of military hygiene; when such men as Mr. Ernest Hart can unfold with mathematical precision the hygienic principles that

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hold the secrets of controlling the dreaded ravages of cholera; when hygiene is made a special feature of a distinguished medical gathering like this, and a Publishing House like the University of Pennsylvania Press embodies among its journals one on hygiene, we cannot fail to be deeply impressed with the importance of the subject.

In this day a sanitarium to be worthy of the name, must not only be situated in a healthful and bracing climate, surrounded by beautiful and varied scenery, possessing a variety of woodland shade and sunshine, and a diversity of entertainment, but in addition it *must* possess that without which no sanitarium or private hospital is worthy of patronage, a system of drainage that is as near perfect as human skill can make it. Elevated situation is an essential feature in the accomplishment of this end. We do not yet begin to know how much disease has its root back in the mysterious and secret laboratories of sewer gas, and to have a real sanitary institution, it must be free from these noxious influences.

3rd. A sanitarium that will command our confidence must not only be pleasant in its surroundings, bracing in its atmosphere, diversified in its entertainments, and free from any taint of sewerage poison, but it must also have a good table. By a good table I mean a generous, wholesome, well-cooked dietary. This is an absolute essential to the successful treatment of most diseases, and especially is it true of nervous diseases. How many of us have been disappointed in the results we hoped for in sending our patients away for improvement?

The location, the air and climate, the surroundings, and even the sanitary arrangement generally, may have been good, but with food poorly selected, badly cooked and unwholesome in every way, we find our patients have lost instead of gained. I need not waste time in telling this able body of physicians how necessary in treating nervous diseases is the question of nourishment. Many cases would recover with pleasant and healthful

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surrounding and proper nourishment without much medication, while the same cases would not improve materially however favorable the other conditions might be if the table was unwholesome.

4th. A fully equipped sanitarium should have good mineral springs for both internal and external use when possible; the reasons for which will appear later in this paper.

5th. A remedial institution of this kind in order to do its best should not only have pure and mineral waters, but it must have a complete system of baths, which can be readily adapted by skilled assistants to any pathological conditions that may arise. It must also be furnished with apparatus for giving every variety of electrical currents; also it must be provided with skilled assistants and machinery for giving all the forms of manipulations and movements, active and passive.

6th. A sanitarium may have all the many advantages we have mentioned, and yet be successful only in the class of cases likely to be improved by change and general hygienic surroundings. To be complete, it must have something more.

Sanitariums and *health* or *sanitary resorts* are often confounded. A sanitarium to be worthy of the name, and to maintain a high standard, and hold the confidence of the profession and the patronage of the laity, must have in addition to these sanitary appliances an able corps of medical men.

I have thus far briefly stated the chief distinguishing features of a scientific sanitarium. There are many less important points that will occur to you from your own experience.

Having reviewed the equipments necessary to a remedial institution doing the best work in the treatment of nervous diseases, we will now consider the

Methods of Treatment.

In this list of methods of treatment, I unhesitatingly place first of all—Opportunity. The opportunity of having constant supervision of the patient can hardly be

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overestimated. No one can begin to realize the value of this privilege who has not tried both private and institution methods of treatment.

It is valuable in diagnosis. This would imply that in this age of scientific knowledge there were mistakes made. Yes, that is true. It is true in all diseases but particularly in functional nervous diseases. We do not yet know or agree on the exact nature of hysteria. Many cases of hysteria have been treated for organic disease, and many cases of organic disease have been treated for hysteria. I recall a case to point: Mrs. I. J. H., case diagnosed by several of our best nerve specialists as hysteria, and she was treated for years for hysteria. She finally died and the autopsy revealed organic brain disease.

We need all the help we can get in many obscure nervous diseases, not only to diagnose the disease sufficiently to *name* it, but what is often far more important, to be able to study closely and note the differences in individuality and idiosyncrasy and treat it successfully.

Again, this access to the patient frequently enables the physician and attendants to study the treatment and its effects clearly, and decide many points which could be settled in no other way. This opportunity of frequent observation, not only enables the physician to employ a great variety and degree of intensity of treatments, remedies, etc., with perfect safety, but also to note carefully the beneficial results and the changes needed? It may be said that the trained nurse, to a certain extent, supplies this deficiency. A moment's reflection shows that both the means and the opportunity for observation in this latter instance are very limited.

Electricity, subtle, mysterious, powerful, and yet of great utility as a remedial agent, needs no champion. It speaks for itself in the thunder and lightning. It whispers in a million voices at once over the nation.

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It breathes its message beneath the ocean. It purifies vast bodies of water for human consumption. It makes wholesome slaughter of germs, the enemies of our race. It lights our homes; runs our trains; propels our street cars; lifts our elevators; in short, vitalizes our entire lives. Why should it be less potent in restoring degenerated bodies? It is not. Electricity—galvanic, faradic, and static—in all the variety of currents, has taken its place in the front rank of therapeutic measures. No nerve specialist, gynecologist or even general practitioner, can afford to ignore its merits, or sacrifice its therapeutic value. That it must be a potent factor in the treatment of nervous diseases in sanitariums will be taken for granted. There are, however, three serious difficulties in the general use of electricity:

1. Expensiveness of the apparatus.

2. The difficulty of obtaining thoroughly trained assistants; for I take it that there are few gentlemen here who have time to apply it to more than some of the most important cases in their practice. I have had any amount of trouble in training physicians, both male and female, in the use of electric batteries, and the Apostoli method of treatment. It requires a certain amount of practical skill. I know a non-professional woman who has acquired great skill and success.

3. Constant supervision. Two apparently identical cases with the same disease, be it hysteria, eczema, locomotor ataxia or neurasthenia are not affected in the same way by the same bath or treatment. Neither is an individual affected in the same way on different days. Constant supervision is the price of success.

The general consensus of opinion is strongly in favor of all the various methods of improving nutrition, the circulation, and the tone of the nervous system by massage, Swedish movements, and the endless variety of machinery for exercising, toning and improving the nutrition of the whole body. Here again we are met by the same difficulties; we find in the use of electrotherapy

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the need of expert assistants and vigilant supervision. For instance, these measures are very effectual in relieving rheumatism, circulatory defects, and nervous troubles; and yet they must be carefully administered, for if overdone, they are liable to cause nervous excitement, insomnia, or acute attacks of rheumatism.

While it is not necessary in the employment of drugs to have this constant observation, yet it is of special benefit in the use of many of the newer and more powerful drugs.

No one will dispute the fact that these same lines of argument on the value of constant observation apply to the question of the remedial benefit to be derived from rest treatment. Originating in Sweden, or perhaps in the far East in the remote times, it has had many modifications, and experience has furnished abundant proof that each case should be studied by itself and treated on its own merits, adapting the amount of rest, seclusion and exercise to the strength and condition of each patient rather than following some routine system.

All I have said about the great value of, and the difficulties in the way of, the scientific and successful employment of these special remedial measures, applies with equal or even greater force, when we come to the use of hydrotherapy. I have purposely left this until the last that I might consider it more fully. Though long known and its real merits understood by a few, yet the general appreciation of the value of hydrotherapy has only been realized in the past few years. It is like the operation known as "Symphiseotomy," which was highly esteemed and practiced in Italy for twenty years before other nations began to appreciate its value. It is the popular operation now. Such classic works as Dr. Baruch's on "Hydrotherapy," put it on a scientific basis. In hydrotherapeutics we have a mighty power for good or harm; and to be used successfully it requires:

1. Extensive and complete apparatus.

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2. Skilled assistants.

3. Careful and continuous supervision.

This opportunity to note closely the effect on each individual case, multiplies greatly the exceptions to many of the established rules of practice. I have recently had two cases of eczema extending over more or less of the body. The established rule is to avoid water in most cases of eczema, at least in the acute form. These seemed to me to be suitable cases for baths. I tried them cautiously with frequent modifications. Both cases entirely recovered. One of the cases was complicated with diabetes and the amount of sugar was twenty-one grains to the ounce. The ordinary remedies were used in connection with bath. This latter case had been for months under two of the best physicians in Canada, who had applied the same line of remedies and applications without success. The other case had been in New York. In both I recognized a distinctly nervous element.

I have said that a thoroughly equipped sanitarium or private hospital should have, if possible, some good mineral springs to supply the water both for external and internal use. The positive value of spring waters of merit is becoming more apparent to the profession every year. The relation of hydrotherapy to disease, more particularly nervous disease, is a subject still in its infancy.

There should be pure spring water free from any possible source of contamination.

There should be, when possible, water for internal purposes, that is alterative, laxative and diuretic.

There is also great advantage in having an alkaline water for bathing to neutralize the acidity so often found in connection with nervous diseases, and acting as an exciting cause.

While these waters for bathing are an important element in treatment, yet an equally vital one is the use of them internally. In the successful management

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of nervous diseases a free use of water is an essential *remedy*. I would emphasize this statement. England's distinguished therapeutist, T. Lauder Brunton, has dignified water with the title of a "remedy." *Savants* in other countries have recognized its value as a remedy. There are also eminent men in America who appreciate the high position it occupies in the treatment of this class of diseases. I might mention the illustrious names of Meiggs, Seguin, Ranney, Leuf and Salisbury. These and others have referred to the value of water in the treatment of nervous diseases, but like many great truths, important discoveries, or beneficial operations, the facts have not been generally accepted or applied. I am under the strongest conviction that this fundamental principle in the treatment of a large class of nervous, as well as other diseases, is not understood by the general profession, and not at all appreciated by the laity. You may ask what have the laity to do with this subject? I answer, the laity are the subjects and they do the *drinking*, and unless we can impress upon their minds clearly the *rationale* of its use and value, they will not employ it faithfully. Water is such a *common* remedy, they will follow it for a little while, and then drop it. And here is one of the special advantages of treating these cases in sanitariums and private hospitals where the means are at hand, where the importance can be impressed upon the patient frequently, and where constant supervising will detect any marked variation from directions. When we remember that over seventy per cent. of the human body is composed of water, it is easy to see that with a deficiency of this element, health cannot be maintained, and without this essential element in sufficient quantity, any deviation from health cannot be corrected. We might as well expect to run an engine without steam, a fire without fuel, or a water-wheel without a mill race, as to expect the skin, the glands, the kidneys, in short the human economy, to go on performing its daily functions, and either maintaining health, or

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restoring it when defective, without an abundant supply of pure water, the largest constituent of the body,

It is an established fact that the better the nerves are coated, other things being equal, the less irritable and more natural is the whole nervous system.

I have been making experiments in chronic nervous diseases with the object of testing the remedial value of the internal use of water, either pure or medicinal, according to the associated conditions. These experiments include four hundred carefully tabulated cases, aside from many more cases of which no complete record was kept. These experiments extend over a period of ten years. My plan was to take two sets of ten patients each, as nearly alike as possible, then to give each set of cases the most careful and approved care, making no change in the amount of water used by one set, but prescribed a marked increase in the amount of water drunk by the other set, and *knowing* that it was *faithfully* taken. The average increase in weight and general improvement in the set which used water freely was very much above the other set. These experiments were repeated so many times and with such care and close observation that there could be no question as to their scientific and intrinsic value. Definiteness and precision in prescribing, and constant watchfulness in seeing that directions are carried out are essential to success.

In the mystery of the value of water often lies the unexplained secret of the decided benefit frequently derived in nervous disease, cystitis and constipation from a sojourn at mineral springs, and during a course of rest treatment in which large quantities of milk are employed. If you will describe to me a person who is nervous, who is irritable and out of sorts with the world generally—has dyspepsia and constipation—is sallow and has a bad taste in the mouth, has headache and does not sleep well, is troubled with bad dreams, often occupied in disposing of his relatives, has depression of spirits, is thin and has

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a hungry look, I will prove to you that such a man is a deficient water drinker.

On the other hand, describe to me another man who is not nervous or irritable, who is in harmony with his environments, is good-natured and not a pessimist, has good digestion, does not have headache or constipation, who sleeps well and dreams little, and if so, chiefly of angels and banquets—who is in good flesh and has the appearance of being well fed,—show me such a person, and I can assure you without further evidence that he is a good water drinker.

I need not remind the members of this scientific body how often they have cases under their care, which they know they could cure if they had the time and facilities for employing under their own eye by trained assistants, more or less of the various means I have described in this paper, but it is quite impracticable in private practice. We all know what valuable aids to the efficacy of drugs, in the relief and cure of disease, are all these assistants—electrotherapy, hydrotherapy, massage, manipulations and mechanical appliances. Rest and nutrition adapted to the need of each individual case; but how are we to obtain them, and under hygienic conditions calculated to insure satisfactory results.

It seems to me, as the result of many years' experience that it can only be done by combining in one plant all the necessary means, as in a private hospital or sanitarium. If the length of this paper permitted, it would be gratifying to add many clinical reports in support of the principles herein set forth, but as it is not, I will close with one more point, viz.:

The value of moral treatment in nervous diseases in an institution with the facilities described. It is a settled fact that it is difficult and often impossible to say where nervousness ends, and mental aberration begins. Dr. Hammond puts the per cent. at five out of six in ordinary life.

These border cases are most successfully treated in

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these institutions. This moral treatment is essential to recovery. It is necessary to prevent nervous persons from introspection, to provide occupation and diversion, to avoid their dwelling on and discussing their troubles, and to prevent their forming incorrect and exaggerated notions about themselves, and the relative value of their symptoms and treatment. I am certain, gentlemen, that these patients can be kept better balanced, can be lifted out of their fancies and make much more rapid and permanent improvement when under these combined influences of occupation, variety of treatment, moral discipline and support, and constant supervision in a cheerful home-like institution. I have frequently tested these principles in private practice, and under this combined method, and I fully believe that the day is not far distant when the private practitioner, the specialist, and the sanitarium staff will be mutually helpful each to the other.

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INSANITY IN CHILDREN.*

By Harriet C. B. Alexander, A. B., M. D., Chicago,
Fellow of the Chicago Academy of Medicine; Formerly Assistant Superintendent, Chicago (Cook County) Insane Hospital.

THE career of the modelly trained moral imbecile, "Gradgrind," is an apt illustration of the results of a bad system. His case is one of the extreme consequences of school over-pressure in which the struggle for marks before maturity more than equals in fierceness and intensity the struggle for gold after it. In certain respects this school over-pressure checks, even in well-developed minds, the transition from the terror of the unknown of childhood into the calm of maturity. Many morbid fears, imperative conceptions and acts, which torture the individual during an otherwise healthy career, unquestionably originate in the early periods of life. The physical basis of these is resultant malnutrition. Dr. Francis Warner,† discussing the effects of school training, on children, remarks:

> It is very common to see disordered conditions of the nervous system in children with defective construction of body, but these nerve disturbances may also be seen in children with normal construction of body. Such signs would appear to result from the disorder produced by special circumstances rather than the mere defect in original construction. Among the signs of fatigue in children is the slight amount of force expended in movement, often with asymmetry of balance in the body. The fatigued centers may be unequally exhausted; spontaneous finger twitches, like those of younger children may be seen and slight movements may be excited by noises. The head is often held on one side. The arms when extended are not held horizontally. Usually the left is lower. The face is no evidence of bodily nutrition. It may be well nourished yet the body be thin. Three per cent. of the children seen in school are below par in nutrition. These children are of lower general constitutional power and tend to an ill nourished condition under the stress of life and the many causes of

* Concluded from July ALIENIST AND NEUROLOGIST, 1893.

† *Review of Insanity and Nervous Diseases*, June, 1892.

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mental excitement which, while they render them sharper mentally, militate against general nutrition.

Damaging therefore as school over-training is to the normal child, the effect on the neuropathic is still greater. More than three-quarters of a century ago a pioneer American alienist, Dr. George Parkman,* said that in this class of patients,

From puberty, brilliant talents, astonishing facility of receiving and communicating ideas often appear suddenly, especially in females, followed by mediocrity, disappointment and supineness.

The class thus early recognized were persons of "insane" diathesis or "insane temperament;" a congenital condition graphically portrayed by Dr. C. F. Folsom:†

It is closely allied to insanity and the neuroses, and at the critical periods of life is exceedingly apt to develop into one of them. It is congenital or due to early interference with normal brain development It shows itself in childhood and infancy by irregularity or disturbed sleep, irritability, apprehension, strange ideas, great sensitiveness to external impressions, high temperature, delirium or convulsions from slight causes, disagreeable dreams and visions, romancing, intense feeling, periodic headache, muscular twitching, capricious appetite and great intolerance of stimulants and narcotics. At puberty developmental anomalies are often observed in girls and not seldom perverted sexual instincts in both sexes. During adolescence there are often excessive shyness or bravado, always introspection and self-consciousness and sometimes abeyance or absence of the sexual instinct which, however, is frequently of extraordinary intensity. The imitative and imaginative faculties may be quick. The affections or emotions are strong. Vehement dislikes are formed and intense personal attachments result in extraordinary friendships which not seldom swing around suddenly into bitter enmity or indifference. The passions are unduly a force in the charact r which is said to lack will-power. The individual's higher brain centers are not well inhibited and he dashes about like a ship without a rudder, fairly well if the winds be fair and the seas calm, but dependent on the elements for the character and time of the final wreck. Invention, poetry, music, artistic taste, philanthropy, intensity and originality are sometimes of a high order among these persons but desultory, half finished work and shiftlessness are much more common. With many of them concentrated, sustained effort is impossible and attempts to keep them to it are impossible. Their common sense perception of the relations of life, executive or business faculty and judgment, are

* "Illustrations of Insanity," 1817.
† "Pepper's System of Medicine."

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seldom well developed. The memory is now and then phenomenal. They are apt to be self-conscious, egotistic, suspicious, and morbidly conscientious. They easily become victims of insomnia, neurasthenic, hypochondriacal, neurotic, hysterical or insane, and they offend against the proprieties of life or commit crimes with less cause or provocation than other persons.

At the same time that many of them are among the most gifted and attractive people in their community, the majority are otherwise and possess an uncommon capacity for making fools of themselves, being a nuisance to their friends and of little use to the world. * * * If such children could be placed in the hands of judicious and experienced physicians much better results could be obtained and the downward tendency might be stopped.

Dr. F. M. Turnbull* forcibly and logically insists on the importance of mental training at home and selection of studies and books:

In many cases a child is much better to be kept at home from school, especially where the parents, by their example and conversation, are a means of education, for as a child is impressible and imitative to a wonderful degree, and oftentimes very observant, its manners and language become the same as its associates. In school ungrammatical expression, vulgarisms and wickedness are rapidly acquired from other children, and it is hard to eradicate the impressions make at this period.

G. H. Lewes states:

One thing, however, he (Goethe) did learn at school, and that was disgust at schools. The boy carefully trained at home, morally as well as physically, had to mingle with school-boys who were, what most school-boys are, dirty, rebellious, cruel, low in their tastes and habits.

The child who inherits a strong moral sense and that stability of character which is to enable him in time to become a social being, and to mould his surrounding circumstances for his own and his fellow-creatures' ultimate good, will come through this ordeal with only scars upon his mental and moral faculties, and may be benefitted by the battle, as it will give him greater self-reliance, and there is the stimulus of competition, too; but even here the scars and stains remain, verifying the saying that he who touches pitch shall be defiled.

With a child who is not thus fortunately born, and has some slight immoral tendency, or has inherited a too pliable character, an emotional and passionate nature without corresponding self-control, or the insane temperament itself, to which such a nature leads, the wound may be irreparable, and in some moment of weakness may be fatal to the preservation of a moral sense and self-control. Parents who feel their incapacity to decide whether 'tis better for their children to stay at home or go to school, should submit the question to some person in whose judgment

Journal of Nervous and Mental Disease, 1882.

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they have confidence, for it may be that the home influence is not the best that can be had. If every boy or girl were surrounded by such influence as Goethe's childhood was, we would not need to hesitate.

The mother of Goethe employed her faculty of story-telling to his and her own delight. "Air, fire, earth and water I represented under the form of princesses, and to all natural phenomena I gave a meaning, in which I almost believe more fervently than my little hearers. As we thought of paths which led from star to star, and that we should one day inhabit the stars, and thought of the great spirits we should meet there, I was as eager for the hours of story-telling as the children themselves, I was quite curious about the future course of my own improvisation, and any invitation which interrupted these evenings was disagreeable. There I sat and there Wolfgang held me with his large black eyes; and when the fate of one of his favorites was not according to his fancy, I saw the angry veins swell on his temples, I saw him repress his tears. He often burst in with, 'But, mother, the princess won't marry the nasty tailor, even if he does kill the giant.' And when I made a pause for the night, promising to continue it on the morrow, I was certain that he would in the meantime think it out for himself, and so he often stimulated my imagination. When I turned the story according to his plan, and told him that he had found out the *denouement*, then he was all fire and flame, and one could see his little heart beating underneath his dress. His grandmother, who made a great pet of him, was the confidante of all his ideas as to how the story would turn out, and as she reported these to me, and I turned the story according to these hints, there was a little diplomatic secrecy between us which we never disclosed. I had the pleasure of continuing my story to the delight and astonishment of my hearers, and Wolfgang saw with glowing eyes the fulfillment of his own conceptions, and listened with enthusiastic applause.

"What a charming glimpse," remarks Lewes (Life of Goethe), "of mother and son!"

Turnbull shows himself a deeper psychologist than Lewes, when he remarks that:

The mother's admirable method of cultivating the inventive activity of the boy, finds its pendant in the father's method of cultivating his perceptive faculties. Goethe speaks with less approbation than it deserved of his father's ideas of education, probably because late in life he felt keenly the deficiencies of systematic training. But the principle upon which his father proceeded was an excellent one, that of exercising the intellect rather than the memory.

Children should be taught self denial, that they may be the better able to bear misfortunes and disappointments that are to come later in life, and which, if they have not the philosophical spirit and a persistent optimistic habit, may be the exciting cause of their mental ruin.

A selfish egotism is one of the peculiar traits of character which is

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most noticeable in the insane; a constant introspection; their symptoms, their miseries, or their imaginary grandeur, etc., are the all-absorbing themes with many of them.

Egotism often manifests itself, in various degrees, in children as well as adults, in the form of self-consciousness or morbid sensitiveness or pure selfishness; and all these should be combated as dangerous tendencies and as indications, when marked, of the insane temperament. Self-consciousness can be lessened, if not overcome, by avoiding all conversation and personal remarks about children in their presence, and by awakening their interest in anything which will cause them to forget themselves in the presence of others. Morbid sensitiveness should be overcome, first, by kind treatment, persistent admonitions, and by discouraging all belief in fancied slights or injuries, and by teaching that, in in this respect, "where ignorance is bliss 'tis folly to be wise." They should be taught self-control, to curb their passions and vicious impulses, as these lead to insanity and crime.

The reading of boys and girls should have a careful supervision. Dime novels and such sensational literary trash as some illustrated papers; the sickly sentimentalism of such magazines sold on every news stall or railroad train, and even found in the houses of intelligent people, should be forbidden fruit.

Many a boy or girl receives an education as much from reading out of school as from the prescribed outline of study, and the midnight oil is burned over tales of villany and passion, or some vapid story of a hysterical girl and an impossible man who adores her in a ridiculous manner.

Boys and girls should know nothing of love until they are old enough to experience it, and should not have their minds prepared by their reading for elopements and foolish marriages and a defiance of good advice from their fathers, whom they have invested with the attributes of the traditional stern and tyrannical parent. Instead of all this morbid excitement of the emotional nature they should be induced to read what would be a benefit and a delightful mental resource in after life,—the tales of Grecian mythology, the poems of Homer and other classics, the classical literature of mediæval and modern times, history, lives of great men, popularized science, tales of adventure, if you please, but such as would afford them knowledge of the world, its creatures, and natural phenomena, as, for instance, Robinson Crusoe, Jules Verne, etc. If children can memorize nursery rhymes and such poems as the "Ride of St. Nicholas," why should they not memorize Shakespeare, Spenser, Bryant, Tennyson, Longfellow, or Whittier, and have something to think of when grown up, alone, and thrown upon their own resources for amusement. The memory can be cultivated to a certain extent in this way without injury. Of course there must be care and moderation, especially with nervous and precocious children, as in all else. The excitement of children by religious revivals should be avoided, and in fact they are pernicious at any age.

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Turnbull leans, however, too much to the cloister theory. Home life should arm the child for the struggle of existence, not shut it out of the struggle.

Dr. Mary Putnam-Jacobi,* discussing the "prophylaxis of insanity," clinches her argument for proper prophylaxis in childhood by the following citation from Krafft-Ebing:

> In neuropathic families the children early manifest a remarkable nervous excitability, with tendency to severe neurotic disorders at physiological crises, as convulsions during dentition, neuralgias at menstruation. The establishment of menstruation is often premature, often preceded and followed by profound chloro-anæmia. The cerebral functions are easily disturbed, slight physical disorders being attended by somnolence, delirium, hallucinations. The nervous system seems to be everywhere hyperæsthetic. Reaction to either pleasing or displeasing impressions is excessive; there are abundant reflex neuralgias, vasomotor irritations. Pallor, blushing, palpitations, præcordial anxiety, are caused by trifling moral excitement or by agents lowering the tone of the vasomotor nerves, as heat or alcohol.
>
> The sexual instincts are precocious and often perverted. The establishment of puberty is often the sign for the development of spinal irritation, hysteria or epilepsy. The psychic characteristics correspond. The disposition is strikingly irritable and touchy; psychic pain arises for trifling cause; at the least occasion the most vivid emotions are excited. The subjects of this temperament alternate rapidly from one extreme to the other. Their sympathies and antipathies are alike intense; their entire life is passed between periods of exaltation and depression, leaving scarcely any room for healthy indifference. On the other hand there is a remarkable inexcitability of ethical feeling. Vanity, egotism, and a jealous suspiciousness are common; and the temper is often violent. The mind is often obviously feeble, with few and monotonous ideas, and sluggish association of them. At other times ideas are readily excited; the imagination is active even to the production of hallucinations; but mental activity is ineffective, because of the rapidity with which it leads to exhaustion. There is no time to complete anything before the energies flag. The will is equally deceptive in its apparent exuberance and real futility. Its capricious energy and innate weakness is a fit counterpart for the one-sided talent or even whimsical genius which often marks the intelligence.

Dr. Putnam-Jacobi, starting from this stand-point, draws the sound conclusion that the utmost care is to be exercised in the training of such children.

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* "Archives of Medicine," Vol. I.

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Maudsley emphasizes this very point thus:

Those who have had much to do with the treatment of insane persons have not failed to note the marked mental peculiarities of their near relations in many instances, and to lament that they oftentimes show themselves more distrustful, more difficult to reason with, more impracticable, than the member of the family who is confessedly insane. In the first place, they have such an intimate radical sympathy of nature with those tendencies of character which have culminated in insanity in them. Parents, who, having themselves a weak strain in their nature, have given their children the heritage of a morbid bias of mind, are very apt unwittingly to foster its unhealthy development; they sympathize so essentially with it that they do not perceive its vicious character—if they do not actually admire it—and leave it to grow unchecked by a wise discipline or perhaps stimulate it by the force of a bad example. "He is so spoiled," says the silly mother placidly of her child, as though she was saying something creditable to it, or at any rate that was not very discreditable to her, little thinking of the terrible meaning of the words, and of the awful calamity which a spoiled life may be.

Among those beings termed by him the "neurotics," Dr. E. S. Talbot* has found anomalies of the jaws and teeth exceedingly frequent. Such stigmata of degeneracy were to be expected. The lithæmic child, of pædiatrists, belongs but too often to this class, the lithæmia being an expression of degeneracy.

Here, also, very often belong the infant prodigies like the two-year-old negro calculator described by Dr. S. V. Clevenger,† and the host cited by Moreau de Tours. Such precocity is a mental stigmata and, like early puberty, appears so often among the degenerate as to give rise to the proverb, "A wit of ten is a fool at thirty." Shelley is an excellent instance of this "insane temperament."

He was somnambulistic from his sixth year.‡ From "very early childhood" he was an imaginative and restless child. Trifles unnoticed by most children, seem to have made keen and permanent impressions upon him—the sound of wind, the leafy whisper of trees, running waters. The imaginative faculties came so early into play that the unconscious desire to create, resulted in the invention of weird tales of

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* "Irregularities of the Jaws."

† ALIENIST AND NEUROLOGIST, 1888.

‡ These particulars are from the Lives by Dowden, Sharp, Symonds and Miss Sanborn.

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legendary creatures, tales sometimes based on remote fact, in attempted delusion of neighbors and in the experience of more or less positive hallucinations. His memory surprised many of his friends. He delighted in "weird and somber tales of the supernatural and horrible." He was extremely desultory and careless in all his habits. His room was a chaos of scientific instruments, chemicals and books. "From thinking the best of friends and acquaintances he could of a sudden, and with insufficient cause, pass over to the other side and think the worst." Like all neuropathics he was easily hypnotized. He was a great hypochoudriac. On one occasion, meeting a woman with large legs, he was seized by the notion that she had elephantiasis and had iufected him. Medical examination demonstrated the falsity of this notion, but it persisted for several days. "One evening he actually arrested the dancing of a line of pretty girls, proceeding to examine their arms and necks wth such woebegone gravity that they were terrified aud their angry partners silent." He suffered frequently from the topoalgias so frequent in neurasthenics and hypochondriacs. His flagrant violations of social conventionalities were notorious. Many of these, however, had, as Symonds has shown, logical bases from the Shelleyan stand-point of reactiou against social tyranny not unnatural to a mind early subjected to the brutal "fagging" of English school-boys and brutality of schoolmasters who found a "voluptuous ecstasy" in flogging boys ere entering on the "feast of reason, flow of soul," of a banquet whereat the flogger was the "genial, humorous" host. Shelley, however, violated his own code in a most capricious manner. An avowed atheist, he took the sacrament in a blatantly audacious manner for interested reasons. He reverted to fetichism and argued for the existence of ghosts. He denounced legal marriage but married Harriet twice; once by the simple Scotch common law ceremony and once by the English Church rite. The constant nagging of his intriguant "sister-in-law," which drove Harriet into "nerves" and him into home hatred, led to the estrangement of wife and husband. The hysteric insensibility of the wife to her own children fostered this. Shelley's temperament, however, aided this tendency. He "took strange caprices, unfounded frights, vain apprehensions and panic terrors, and therefore absented himself from formal and sacred engagements." In a month after the English marriage he deserted Harriet and her unborn child, to elope with Mary Godwin. Even Symonds, the most logically psychological of Shelley's analysts, fails to justify this act from Shelleyan principles. In Shelley's case hereditary degeneracy existed. He normally reacted against school tyranny, hence it alone does not account for the defects and peculiarities of his career.

Koch,* under the title of "Psychopathic Depreciation," includes the cases otherwise described under insane diathesis or insane temperament. He divides these cases

* Cited by Morel, *Amer. Jour. Insanity*, Oct., 1893.

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into three classes: Psychopathic predisposition, psychopathic defect and psychopathic degeneration. The first, which may be latent or evident, shows itself in an exaggerated sensibility accompanied with a lack of activity or energy in the nervous system. The cases of psychopathic congenital defect present anomalies of psychical sensibility, exaggerated excitability, irritable weakness, exaggerated egotism, want of balance in the mental faculties, want of uprightness and judgment, inconsistency, eccentricities, singularities, imperative conceptions and periodicity in these symptoms. These are the eccentrics, the half-witted, the overscrupulous, the capricious, the pessimist-, redressors of wrongs and professional "reformers." Congenital degeneracy exhibits, among other intellectual deficiency, mental weakness in the intelligence or in the moral sense or in both. The evil influence of ordinary education on these last two types of cases has been pointed out by Tuke, Kerlin, C. K. Mills, Morel and Koch. Dr. C. K. Mills* points out with much force that:

Some understanding of the subject of moral insanity in children is of great importance to the general practitioner, who is almost invariably first consulted by anxious parents about the unfortunate victims of these disorders. It is probably better that a distinction should be made between moral imbecility and moral insanity in children as well as in adults, although commonly this is not done. The subject of true moral imbecility is the victim of heredity, and his condition is manifested as soon after birth as it is possible to recognize deficiencies in the moral sense through conduct. I have become only too familiar with this class of cases, presenting chiefly moral symptoms, cases which must be recognized as the subjects of disease, and the special care and treatment of which are forced upon us by every scientific and humane consideration. Such children are incorrigible to reproof and training. Punishment has no effect upon them, or only will be heeded to aid their escape from pressing annoyance or discomfort. Much difference of opinion has arisen with regard to the exact nature of such cases. One contention is that a case of pure moral imbecility or moral insanity does not exist, and that close investigation will always show some intellectual disorder. The difference is probably one of terms. Recognizing such words as morality and immorality, as expressing distinct ideas, no reason exists for not speaking of moral departure or moral disease. The doctrine of moral insanity and moral imbecility are, as Tuke claims, in

* *Medical Standard*, Vol. XIV.

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full accord with the rules of evolution and dissolution as laid down by Spencer and Hughlings Jackson. Illustrations of moral imbecility could be cited in numbers similar in four cases which have been reported by Kerlin,* the first an illustration of the incipient prostitute, the second the incipient burglar, the third a hereditary religious hypocrite and egotist, and the fourth a confirmed juvenile confidence man.

In moral insanity as distinguished from moral imbecility, the patient has apparently been born in full possession of the so-called moral sense, as well as of intellect. The perversion of the moral affective life has been brought about by injury, disease, or vicious habits. Extraordinary perversions of character have been recorded in considerable number as due to acute fevers in children, as after scarlet fever and malarial fever.

The best method of treating moral imbecility must be sometimes met. In most genuine cases, education and philanthropy, kindness and cruelty, the Sunday School and the reformatory, the asylum and the penitentiary, will equally fail, or perhaps I should not say equally, as in a very few instances, strengthening of the weak and imperfect co-ordinating centers may be impossible. To the typical cases, to the vast majority of cases that would come under this designation, belongs the term incorrigible. Most practical and most experienced authorities, as Hack Tuke† and Kerlin, believe that education in its ordinary meaning should be largely withheld from this class. The former says of them: "The early detection of these cases is not difficult, they should be subject to life-long detention, their existence can be made happy and useful, and they will train into comparative facility and harmlessness if kept under a uniform, temperate and positive restriction. The school-room fosters the ills we would cure; in teaching them to write we give them an illimitable power of mischief, in educating them at all except to do physical work, we are adding to their armament of deception and misdemeanor." As Kerlin puts it, we should refuse them the ordinary routine of education because "we believe that in educating moral imbeciles we are training experts for the later rôle of so-called moral insanity."

The treatment of the psychopathic offsprings of degenerate parents is one of the most serious problems which confront the physician. Although the parents may be convinced of the necessity for the extreme caution in the rearing of their children, their inhibitions are too weak to carry out the treatment decided upon. In complete separation is the only hope of ever accomplishing anything by the training of the weak inhibitions of the

* Kerlin: *Medical News*, March 19, 1887, pages 326-327.
† "Dictionary Psychological Medicine."

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degenerate and this course is practically impossible. Degenerate mothers are excessively fond of their children after a maudlin fashion, and their egotism causes them to think themselves model mothers. I have had such a mother's consent to turn over entirely the training of her child to a person recommended by me, and yet at the first attempt of the companion to exercise authority over the child, the mother told the child to do as it pleased. These children need a nourishing, stimulating diet, an outdoor life, regular hours and regular employment; in fact, they require the very life which is led by the healthy children of healthy parents, but which they rarely get unless one of the parents happens to be of sound mind and strong will and financially circumstanced to control the surroundings of the children. Jules Morel* has urged the passage of a law forfeiting parental control on account of incapacity and unworthiness. Such a law is perfectly compatible with the common law of English-speaking countries. Indeed this very principle is often acted on in cases of cruelty or in divorce cases. Morel and Koch both agree that the sense organs of many of the degenerates have but the slightest education. The educator has to know this; it is of the greatest importance. He must study these senses systematically, and the degree of their functions. When necessary he has to classify his charges according to the extent of their degeneracy. The interference of the educator should be slow and prudent and the natural disposition and powers carefully studied. Morel, Koch and Kerlin have urged the great need of special schools for these classes. The piteous picture of the sufferings of Maria Bronte ("Miss Burns") in the school of "Jane Eyre," might well create the indignant joy of Charlotte Bronte's biographer that "the savage rites of the school-room which had so moved the indignation of Montaigne, have just ceased to disgrace England." Maria's mind and physique perished under the school strain. Her fate was happiness

* *American Journal of Insanity*, Oct. 1893.

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itself compared with that of Branwell Bronte, who with a very limited one-sided poetical genius, developed, under the pushing given to seeming precocity, into the sneaking moral imbecile of the family. Charlotte Bronte's seemingly limited mental qualities saved her from the fate either of her brother or her sister. Fanny Burnett was saved from a like fate by her seeming dullness and the good sense of her mother. The "precocious genius" of the rest of her family vanished early.

The acquired psychopathy, while often dependent on a predisposition, hereditary or otherwise, may occur in sound children.

Dr. W. S. Christopher, in a paper recently read before the Chicago Academy of Medicine, has laid stress on the nutritional influences, active in the production of neuroses underlying psychic states, and these deserve more attention than they have received.

Beside hereditary and the other predisposing causes cited already, Dr. Welt very correctly has said that the etiological factors in the production of mental disturbances in children are injuries of the head, either during parturition or later; acute cerebral trouble and abnormal development of the brain; fright, masturbation and infectious diseases may act as predisposing elements. Among the chief exciting causes are the fevers.

Thoré has shown that psychoses following acute diseases are of two classes: the first is met with during the development and the duration of the acute process itself, while the second class is found only during convalescence, or at least during an intermission of the disease. The etiology as well as the course and the issue in these two groups—the febrile and asthenic deliria—differ considerably.

Kraepelin* points out that in pathogeny of the febrile deliria the exciting cause prevails considerably over the predisposition; the causes of the disease are dependent

* *Medical Standard*, Aug., 1893.

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upon somatic disturbances. Hence the monotony of the febrile deliria, the short course, and nearly always favorable issue with the disappearance of the etiological cause; on the other hand, the predisposition of the individual forms the most important factor in the development of the asthenic form. The lowered state of the system, depressed by the preceding fever and infection, exhibits itself more when the circulation is retarded during the decline of the fever; and the brain which may have suffered in its vitality by the preceding rise of temperature, is the first organ that reacts on the inadequate supply of blood; besides, there may be an influence of the infectious element upon the central nervous system, either by affecting the ganglionic cells, or indirectly through a change of the blood by the microorganisms. In the deranged equilibrium of the system even slight irritating influences, afforded by the events of daily life and frequently overlooked, may cause mental disturbances. In their course the asthenic psychoses resemble the mental derangements of spontaneous origin, and usually terminate in full recovery; with convalescence and better nutrition brain morbidity disappears. Dr. Sarah Welt advises that as a matter of prophylaxis, children after acute disease, especially when in an anæmic and poor condition, ought not to be allowed to leave the bed too early, and the action of the heart should be carefully controlled. Threatening spells of weakness ought to be prevented by administration of good nourishment and stimulants. In occurrence of deliria strict control of the patient becomes necessary; bed rest and a generous administration of alcoholics and heart stimulants. Against the irritable state of the brain, sedatives in result-giving doses should be used.

Dr. Kiernan states that the psychical manifestations of the febrile stage of any disorder are usually an hallucinatory delirium or acute confusional insanity. These may be agreeable in type. With a fall in

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temperature occur asthenic psychoses, characterized by visual and auditory hallucinations and their consequences. These are due to acute exhaustion of the nerve-centers succeeding to considerable thermic oscillations. The mental symptoms of the febrile stage may aggravate temperature oscillations and in turn be aggravated.

Spitzka* finds that febrile and other acute disorders sometimes cause serious and incurable insanity, usually combined with more or less arrest of development. This result is most apt to follow when some moral cause, such as a shock, is superadded. From 10 to 30 per cent. of infantile insanity is attributable to the acute diseases of childhood, the overwhelming majority being *sequelæ* of the exanthemata (excluding cases followed by simple imbecility). Scarlatina, measles, typhoid and acute articular rheumatism are most to be dreaded in reference to their immediate mental *sequelæ*. Typhoid is especially deleterious. Nasse classifies the febrile insanities according to their period of development: *a*, coincident with the fever as to time and ranging from delirium to insanity; *b*, developing as an apparent aphasia and dementia. Spitzka found but 7 per cent. of his cases attributable to these causes. This low percentage was due to the fact that he did not include fatal cases nor ephemeral deliria, which in children, as Hughes and McBride† have shown, replace malarial attacks and which are benign, self-limiting and not apt to come under alienistic care, like the more serious and protracted mental complications which may attain pseudo-cretinism. Aside from an infrequent hallucinatory delirium there is a continuation of the specific somatic disorder, so that a true convalescence cannot be said to have existed. This is often associated with hyperthermia; *c*, developing during convalescence. These last, Spitzka‡ is of opinion, are different from the other two, are probably more benign and are anæmic or

* *Amer. Jour. of Neur. and Psych*, 1883.
† *Med. Standard*, Vol. IV, 1888.
‡ "Keating's Cyclopedia."

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adynamic. Spitzka states that sudden changes of temperature uncomplicated by other causes can produce transitory frenzy and acute delirious states. This is equally true of the extremes of temperature. Over exposure to the sun and exposure of the unprotected head of an infant to a hot stove have been declared responsible for the same acute delirious or furious outbreaks that Reich observed in children who, after long exposure to severe cold, suddenly entered a warm room. Rapid cure of a maniacal delirium after the expulsion of ascarides in several cases proves, in Spitzka's judgment, that a parasitic etiology has been correctly assigned for these cases. These mental disorders are usually of acute type. The parasites which have their seat low down in the bowel have a less direct relation to mental disturbance when, as in not a few cases, they provoke masturbation by the scratching of the anus they cause, or by wandering into the genital passages. The forms thus produced vary from the precipitation of hebephrenia to a stuporous insanity, or an acute hallucinatory confusional insanity of favorable prognosis.

As to frequency, Dr. Sarah B. Welt* remarks that insanity in the first ten years of life, aside from idiocy, is very rare. Out of ten thousand inhabitants, Emminghaus found in Germany, between the first and fifth years, 0.18 per cent. insane; between the sixth and tenth years, 0.69 per cent.; and between the eleventh and fifteenth years, 1.46 per cent. insane. Debouttville, in France, found among the insane admitted to the asylum in Saint-Yon from 1827 to 1834, 0.9 per cent. between the fifth and ninth years; 8.5 per cent. between the tenth and fourteenth years; and 20 per cent. between the fifteenth and twentieth years. Turnham found but eight children less than ten years of age among 21,333 insane; idiots, who are far more frequent in number, not being included. The most common mental derangement in childhood is idiocy, be it congenital from insufficient

* *New York Medical Journal*, March 18, 1893.

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development of the brain, or acquired from previous cerebral disease. Next in frequency is maniacal exaltation, while depression occurs only in late childhood. Insanity in childhood occurs more frequently than is evident from the statistics. As no psychosis in childhood shows the entire complex of symptoms as in adults, it is readily understood that the symptoms of a mentally deranged child may often be taken to be bad behavior, and only the result, mental weakness, will be recognized.

Motor explosions, for reasons already pointed out by Meynert, readily occur in children, whence the fact noted by Dr. Grace Peckham Murray* that neuroses in children tend to be motor rather than sensory, since the reflex arcs of which the motor strands form a part are earliest perfected, so that when a sensory stimulus sets free a nerve energy it is likely to overflow into motor paths. Intellectual comprehension of sensation, and consequently of pain, is the last to be developed; in consequence, severe nervous shocks which would give rise to exquisite pain in the adult, result in a motor neurosis in the child. Motor neuroses, as already stated, readily pass into the motor expressions of psychical disturbance; and from these psychical disturbances intensified by the feeble power of discriminating between the subjective and objective, result the hallucinations so frequently noted in children. The disturbance of the feeble ego results in the appearance in the mental foreground of the child, of cruelty, mendacity, and other primitive instincts. Abulic speech, as Dr. T. H. Kellogg† has shown, may occur in the instinctive insanities of childhood from morbid tendencies to commit improprieties of speech. The neuroses, properly so-called, are beyond the scope of this article. All of them may be accompanied by psychical symptoms. Hysteria, convulsions, ecstasy and chorea may occur in epidemic form, especially during religious revivals.

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* *Journal of Nervous and Mental Disease*, 1884.

† *Amer. Journal of Insanity*, 1892-3.

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The child crusades were mixtures of these epidemics with psychical ones.

Epilepsy and hysteria in childhood as in adult age present their characteristic mental phenomena. Extreme cruelty, as in the case of the boy fiend, Pomeroy, may long be the only manifestations of the epileptic neurosis. In this age it is well to remember that as Griesinger* has shown mental derangement often appears as moderate irritability, persistent or habitual. The child is passionately obstinate, quarrelsome, malignant, and even immorally inclined. Often this mental degradation is dubbed simple wickedness. It may occur as a simple, logical perversion with aimless, errabund tendencies, intellectual and emotional perversion with excitement. These children cannot keep still a moment. They talk incessantly and incoherently, and are very inattentive. There are sometimes longer or shorter attacks of mania. In children of from three to four years attacks of crying, of wild refractoriness, of striking and morbid destructiveness occur. They may alternate with epilepsy, chorea, stupor, ecstatic cataleptoid states (simulating katatonia). The child may remain for hours or days as if quite absorbed, with open eyes, fixed countenance and peculiar position, sometimes breaking out suddenly into loud cries. Hypochondriacal states develop in children of parents morbidly anxious about the health of their offspring.

According to Shaw,† in children the ideas are simple, few and disconnected. They are therefore incoherent because of an absence of organic associations between the residua. The morbid phenomena are not systematized as in the adult, and the result is (according to Maudsley)‡ delirium rather than mania. The morbid idea in the child's mind having little range of action acts downwards (Maudsley) on the sensory ganglia, causing hallucinations or giving rise to morbid impulses. These impulses constitute impulsive insanity, called by

* "Mental Pathology."
† "Manual of Insanity."
‡ "Pathology of the Mind."

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Maudsley, monomania, and by Morselli, paranoia rudimentaria impulsiva.

Under the head of monomania Maudsley places the epidemics of morbid ideas which have from time to time in the history of the world affected children. The ruling instinct in a child of three or four is self-gratification, involved in which is a tendency to destroy what it dislikes. Its insanity is manifested by perverse and unreasonable appropriations of whatever it sees, and by extreme destructiveness. It suffers from the instinctive variety of moral insanity. Maudsley describes a cataleptoid type of insanity resembling katatonia.

The instability of childhood is shown in the presence of garrulity, melancholiac depression or excitement, maniacal exaltation of the pleasant deliria type and instinctive tendencies. Exaltation and delirium is usually contemporaneous with the beginning and acme of febrile attacks, while depression usually follows the disease.

The temperature at which delirium begins in a child is, as Clouston has shown, a good index of its brain constitution and temperament. The temperature at which delirium sets in is lower in the sensitive. Such children, independently of temperature, are subject to gusts of unreasonable elevation during which they are quite beside themselves, rushing about wildly, shouting, fighting, not really knowing what they are about; this coming on at intervals like the attacks of disease.

Voisin* finds that insanity may in children be of depressive or excited type. The depression may amount to melancholia attonita. There are also ecstatic states. He claims that the "gusts of temper" just described by Clouston are determined by masturbation. These attacks may last several days. The children present a furious appearance, grind their teeth, tear, bite, run to and fro and roll on the ground. Luys† finds periods of excite-

* "Maladies Mentales."
† "Maladies Mentales."

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